FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing

AUG 1 / 2000

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D

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OMB A	PPROVAL				
OMB Number 3235-0076					
Expires	August 31, 2008				
Estimated average burden					
hours per respons	se 16.00				

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SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	DATERCESVED
Washington, Dc (check if this is an amendment and name has changed, and indicate change	e.)
Name of Offering 106	ipating Shares
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Whitehall Street International Real Estate Corporation 2008	08058155
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Maples Corporate Services Limited, PO Box 309, Ugland House, Grand Cayman, KY1-1104, Cayman Islands	Telephone Number (Including Area Code) 345-949-8066
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code) Same as above
Brief Description of Business The Issuer will invest through Whitehall Street International Real Estate Limited Partnership 2008 in direct or indirect and real estate related assets or businesses on an opportunistic basis.	ct debt, equity, or other interests in real estat
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	her (please specify):
urisdiction of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State:	PROCESSED imatedAUG 2 6 2008 THOMSON PEUTEDS
. GENERAL INSTRUCTIONS	KEUIERO
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sol.S.C. 77d(6).	ection 4(6), 17 CFR 230.501 et seq. or 15
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice nd Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below on which it is due, on the date it was mailed by United States registered or certified mail to that address.	te is deemed filed with the U.S. Securities or, if received at that address after the date

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes ' thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIFI	CATION DATA		
	e issuer, if the issuer has	s been organized within the pa		or more of a class of	equity execution of the inner
		vote or dispose, or direct the variete issuers and of corporate g			equity securities of the issuer;
	•	•	general and managing part	ners of partnership iss	uers; and
<u> </u>	anaging partner of partn	`		<u> </u>	
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ir Goldman, Sachs & Co.					
Business or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if in Cramer, Brahm S.	ndividual)				
Business or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if it Kava, Alan S.	ndividual)				
Business or Residence Address 85 Broad Street, New	(Number and Street, City, York, New York 10004	State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if it Langer, Jonathan A.	ndividual)				
Business or Residence Address 85 Broad Street, New	(Number and Street, City York, New York 10004	, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Mortelliti, Josephine	ndividual)				
Business or Residence Address 85 Broad Street, New	(Number and Street, City York, New York 10004	, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Rothenberg, Stuart M.	-				
Business or Residence Address 85 Broad Street, New	(Number and Street, City York, New York 10004	, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Weidman, Peter	individua!)				
Business or Residence Address 85 Broad Street, New	(Number and Street, City York, New York 10004	, State, Zip Code)			
(use blank sheet, or copy and u	se additional copies of this	sheet, as necessary.)			

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A. BASIC IDENTIFICATION DATA 3. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or ☐ Director ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Cacioppo, Anthony Business or Residence Address (Number and Street, City, State, Zip Code) 85 Broad Street, New York, New York 10004 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ■ Executive Officer Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			***		В	. INFORM	ATION	ABOUT O	FFERING						
1. H	las the issu	ier sold, o	r does the	issuer inter	nd to sell,	to non-accr ULOE.	edited inve	estors in thi	s offering?					Yes	No
1. Has the issuer sold, or does the issuer internal to sell, to non-accredited investors in this offering?		000													
														Yes	No
			-	_	_									\boxtimes	
re P th	emuneratio erson or a han five (5	on for solic gent of a b persons	citation of broker or d	purchasers ealer regis	s in connectered with	ction with s the SEC an	ales of sec d/or with a	urities in tha state or st	e offering, ates, list th	If a persor e name of t	to be liste he broker	d is an asso or dealer. If	ciated more		
Full N	lame (Last i	name first,	if individua	1)											
Goldr	man, Sachs	& Co.													
					· •	e, Zip Code)									
Name	of Associa	ted Broker	or Dealer			<u>.</u>									
States	in Which I	Person Liste	ed Has Solic	cited or Inter	nds to Solic	it Purchasers	i								
	(Check	'All States'	or check ir	ndividual St	ates)			***************************************	•••••					🛛 Ali	l States
	[AL]	[AK]	[AZ]		[CA]	[CO]	[CT]		[DC]	(FL)			· · · · · · · · · · · · · · · · · · ·		
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Busin	ness of Resid	dence Addr	ess (Numb	er and Stree	t, City, State	e, Zip Code)									
Name	e of Associa	ted Broker	or Dealer												
States	s in Which I	Person Lista	ed Has Solid	cited or Inte	nds to Solic	it Purchasers					····				
Diaco												••••		🔲 AI	1 States
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
			[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	Name (Last	name first,	if individua	1)											
Busin	ness or Resi	dence Addr	ess (Numb	er and Stree	t, City, Stat	e, Zip Code)									
			<u>.</u>		 -								, <u>.</u>		
Name	e of Associa	ited Broker	or Dealer				•								
States	s in Which	Person Liste	ed Has Solid	ited or Inte	nds to Solic	it Purchasers	3			-					
	(Check	"All States"	" or check is	ndividual St	ates)		****	••••	**************		**********		***************************************	🔲 Al	II States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
	[IL]	[1N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]		
	[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]		
	[RJ]	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	(PR)		

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	S
	Equity		\$
	☐ Common ☐ Preferred	*	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify Participating Shares)	\$ <u>881,748,000</u>	\$ <u>881,748,000*</u>
	Total	\$881,748,000	\$ <u>881,748,000*</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate Dollar
		Number	Amount of
	,	Investors	Purchases
	Accredited Investors		\$ <u>881,748,000*</u>
	Non-accredited investors		\$ <u> </u>
	Total (for filings under Rule 504 only)	0	\$0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	. <u></u>	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer and Agent's Fees	🗖	\$0
	Printing and Engraving Costs	🗆	\$ <u> </u>
	Legal Fees		\$
	Accounting Fees	🔲	\$0
	Engineering Fees	🗖	\$ <u> </u>
	Sales Commissions (specify finders' fees separately)	🗆	\$0
	Other Expenses (identify)		\$0
		_	
	Total	🗅	\$ <u>881,748,000</u>
•	The amount indicated includes sales made to 19 investors in the United States aggregating \$34,750,000 and so which aggregated \$846,998,000.	ales made to 175 for	eign purchasers,
**	These fees are being paid by Whitehall Street International Real Estate Limited Partnership 2008, through wh of its offering of Participating Shares.	ich this Issuer is inv	esting the proceeds

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROCEEDS		
5.	and total expenses furnished in response proceeds to the issuer." Indicate below the amount of the adproposed to be used for each of the post known furnish an estimate and	e aggregate offering price given in response to Part C - Conse to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer used or purposes shown. If the amount for any purpose is check the box to the left of the estimate. The total e adjusted gross proceeds to the issuer set forth in ove.	Question I	l s		\$ <u>881,748,000</u>
	•			Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$0		\$ <u>0</u>
	Purchase of real estate			\$ 0		\$ 0
		hinery and equipment		\$ <u>0</u>	П	\$0
		ilities		\$ 0	П	\$ 0
	ů.	ue of securities involved in this offering that may be used in	_	·	_	· ·
		suer pursuant to a merger)		\$0		\$0
	-			\$ 0		\$ 0
	, ,			\$ 0	$\overline{\sqcap}$	\$ 0
		nvest in debt, equity, or other interests in real estate and real	_	·		·
	estate related assets or businesses on an opportun	stic basis				
				\$		\$ <u>881,748,000</u>
	Column Totals			\$ <u> </u>		\$ <u> </u>
	Total Payments Listed (column totals added)					\$881,748,000
						Ψ <u>001,740,000</u>
		D. FEDERAL SIGNATURE				
cons	ssuer has duly caused this notice to be signed tutes an undertaking by the issuer to furnish to sissuer to any non-accredited investor pursua	by the undersigned duly authorized person. If this notice of the U.S. Securities and Exchange Commission, upon what to paragraph (b)(2) of Ryle 502.	ris filed u vritten rec	nder Rule 505, the quest of its staff, the	tollow e infort	ing signature nation furnished
ssue	(Print or Type)	Signature /	Date			
	(o. 1)po)					
	chall Street International Real Estate pration 2008	/(/	August /	13 , 2008		
Nam	of Signer (Print or Type)	Title of Signer (Print or Type)				
Anth	ony Cacioppo .	Vice President of the Issuer				
	;					
		ATTENTION				
	Intentional micetatements	or omissions of fact constitute federal criminal viola	tions. (S	ee 18 U.S.C. 1001	`	
	incinional impotatements	of omessions of fact constitute feuer at Climinal Viola	rioin, (2)		,	

		E. STATE SIGNATUI	RE					
				Yes	No			
1.		2 presently subject to any of the disqualif						
		See Appendix, Column 5, fo	r state response.					
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	suer has read this notification and knows the rized person.	e contents to be true and has duly caused	this notice to be signed on its behalf b	y the undersign	ned duly			
lssuer	(Print or Type)	Signature	Date					
Whitehall Street International Real Estate Corporation 2008			Augus t/3 , 2008					
Name of Signer (Print or Type)		Title of Signer (Print of Type)						
Antho	ny Cacionno	Vice President of the Issuer						

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.